

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities

**INDIVIDUAL SUPPORT PLAN (ISP) – SPENDING PLAN**

NAME	DATE
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The Spending Plan must be completed for individuals for whom DES/DDD is the representative payee and/or for individuals living in licensed residential settings. If follow-up is needed, identify action(s) needed and person(s) responsible on the Action Plan, Part II.

**SOURCES OF INCOME**

Source	Amount	Frequency	Payee
<input type="checkbox"/> SSI Note: Do not list Social Security Number	\$		
<input type="checkbox"/> SSA Note: Do not list Social Security Number	\$		
<input type="checkbox"/> Earnings	\$		
<input type="checkbox"/> Other	\$		

**ASSETS**

Fund or Property	Value/Balance As Of (Date)	Custodian
<input type="checkbox"/> DES Account	\$	
<input type="checkbox"/> Group Home Account	\$	
<input type="checkbox"/> Personal Bank Account	\$	
<input type="checkbox"/> Other	\$	

**EXPENSES**

Type of Expense	Amount	Frequency	Comments
<input type="checkbox"/> Rent/Room & Board	\$		
<input type="checkbox"/> Personal Spending Money	\$		
<input type="checkbox"/> Clothing	\$		
<input type="checkbox"/> Special Occasions	\$		
<input type="checkbox"/> Medical/Dental	\$		
<input type="checkbox"/> Other	\$		

Is the person responsible for his/her own money? ☐ Yes ☐ No

Does the guardian or payee want to receive a copy of the person's financial ledger or receipts? ☐ Yes ☐ No

If yes, how often? \_\_\_\_\_

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting: 602-542-6825.